



Appendix K

Completing and Distributing Forms

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Introduction

This appendix covers only those forms related to the importation of animal products and by-products which you are directly responsible for completing (wholly or partially), signing, and distributing.

Forms which you provide to the importers for them to complete are listed in **Appendix G** on page G-1-1. For example, see **VS Form 16-6 and VS Form 16-6A, United States Veterinary Permit for Importation and Transportation of Controlled Materials and Organisms and Vectors** on page G-1-4.

USDA, PPQ/FSIS Notification Sheet for Perishable Cooked Ruminant or Cooked Swine Meat From Restricted Countries

USDA PPQ/FSIS NOTIFICATION FOR PERISHABLE COOKED RUMINANT OR COOKED SWINE MEAT FROM RESTRICTED COUNTRIES (PRINT or TYPE)	
Section A: USDA/APHIS/PPQ	
Today's Date: <u>9/18/02</u>	
Port of arrival: <u>Baltimore</u>	
Phone number: <u>410/631-0087</u> FAX number: <u>410/631-0096</u>	
1A. Port shipment ID(s) [<u>Container</u>] Bill, or Truck Entry Number] (Circle one): <u>C15769, C15770, C15771, C15772</u>	
2A. Country of origin: <u>Argentina</u>	
3A. Meat certificate number(s): <u>M876503, M876540, M876521</u>	
4A. Species: Ruminant <input checked="" type="checkbox"/> Swine <input type="checkbox"/>	
5A. Pink juice test for FMD required at Rapid-Defrost facility? (Refer to SOP Part II, A) YES <input checked="" type="checkbox"/> (APHIS Authorized Hold) NO <input type="checkbox"/>	
6A. Seal # (if required) <u>S3882ARG</u> Foreign <input checked="" type="checkbox"/> USDA <input type="checkbox"/> (Containers of cooked meat requiring Pink Juice Test must be sealed)	
7A. Product to be transferred to the following FSIS I-house (identified by importer/broker): Name of I-House <u>Merchants Terminal</u> I-House Establishment Number <u>1158</u>	
(Note: Only APHIS approved Rapid Defrost Facilities are eligible to conduct the Pink Juice Test. Not all FSIS I-Houses are Rapid-Defrost Facilities; refer to Foreign Origin Ruminant Meats and Meat Products Section in the Animal Product Manual. Products not from FMD affected countries are not required to go to a Rapid Defrost Facility but must be forwarded to an FSIS I-House.)	
8A. PPQ Officer: <u>Joe Friday</u> Badge # <u>715</u> (PRINT)	
(PPQ Port Office must retain a copy, Original to FSIS-I House)	

Section B: USDA/FSIS: Fill out bottom portion ONLY for shipments requiring pink juice test or for shipments eligible for MIT testing and return entire page to USDA/APHIS/PPQ above.	
Today's Date: <u>9/19/02</u>	
1B. The shipment was received intact (as specified above): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
2B. Is the meat boneless? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3B. Pink juice test performed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
4B. If test was performed: Pink juice detected <input type="checkbox"/> Pink juice NOT detected <input checked="" type="checkbox"/>	
5B. Were samples selected for MIT testing? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
6B. FSIS Disposition: Released <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> FSIS Hold <input type="checkbox"/> Referred back to APHIS <input type="checkbox"/>	
If Item # 1B, #2B, and/or #3B (if required) is NO, or pink juice is detected, immediately contact the USDA/APHIS/PPQ office indicated above.	
7B. FSIS Inspector: <u>Nancy Smythe</u> Badge # <u>FSIS245</u> (PRINT)	
September 28, 2001	

FIGURE K-1-1 Example of USDA, PPQ/FSIS Notification Sheet for Perishable Cooked Ruminant or Cooked Swine Meat From Restricted Countries

Purpose

The PPQ/FSIS Notification Sheet is to alert FSIS shipments of perishable, cooked meat that may require a Pink Juice Test to evaluate the thoroughness of cooking or cooked pork shipments that require the Maximum Internal Temperature (MIT) test. This sheet is completed at the port of arrival and sent to the FSIS Inspector. The CBP-AI completes *Section A* of this form while the FSIS Inspector completes *Section B* to communicate the results of the Pink Juice Test or the MIT.

Instructions for Section A (CBP-AI)

The CBP-AI completes *Section A* of this sheet on all shipments of perishable, cooked meat or meat products from restricted countries. Fill out the sheet and seal it in an Official Government Envelope (OGE). Address the envelope “To Be Opened Only By USDA/FSIS Inspector.” Have the sheet sent by an APHIS-contracted courier to the FSIS I-House listed in *Section A*. If there are multiple shipments of meat or meat products moving under the **same** Port shipment ID number, you may use a single notification sheet.

Instructions for Section B (FSIS Inspector)

The FSIS Inspector completes *Section B*, the bottom portion of this worksheet, only for shipments requiring the Pink Juice Test or shipments eligible for MIT testing. **Immediately** notify the port office listed in *Section A* of this worksheet.

TABLE K-1-1 Instructions for Completing USDA, PPQ/FSIS Notification Sheet for Perishable Cooked Ruminant or Cooked Swine Meat from Restricted Countries

Section	Block	Instructions
A (completed by CBP-AI)	1A	1. Enter the Port Shipment ID Number(s). You may use either of the following: ◆ Container number (bill of lading number/airway bill number/rail bill number) ◆ Truck entry number 2. Circle the one that you used
	2A	Enter the country of origin for the product
	3A	Enter the meat certificate number(s)
	4A	Enter the species of animal(s) from which the product was derived
	5A	If a Pink Juice Test is required for perishable, cooked ruminant meat ¹
	6A	1. If required, confirm and enter the seal numbers 2. Check whether the seals are foreign or USDA's
	7A	Enter the name of the I-House and its Establishment number
	8A	1. Legibly print or type your name and badge number 2. Make copy of the completed sheet for PPQ records
B (completed by FSIS Inspector)	1B	1. Check whether the shipment was received with seals intact 2. Check whether the numbers match those entered in Block 6A
	2B	Check whether the meat is boneless
	3B	Check whether the Pink Juice Test was done
	4B	1. If the Pink Juice Test was done, check whether pink juices were detected 2. If pink juices were detected, immediately notify the Pork Office identified in Section A; this office will refuse entry to the shipment
	5B	Check whether MIT testing was done on samples of cooked pork
	6B	Check the disposition of the shipment
	7B	Legibly print or type your name and badge number

1 Currently there are **no** APHIS Approved Facilities for cooking pork in countries affected with FMD.

Distribution

The CBP-AI at the port of arrival distributes the form as follows:

1. Send the original notification sheet in an Official Government envelope (OGE) addressed "To Be Opened Only by USDA/FSIS Inspector" and sent by APHIS-contracted courier to the FSIS I-House listed in *Section A*, 7A of this form (see [page K-1-3](#)).
2. Make a copy of the notification sheet and attach the copy to the import documents, and keep in the port file for 5 years.

PPQ Form 254, Disposition of Plants and Plant or Animal Products

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		1. CUSTOMS ENTRY NO. 987654321	
DISPOSITION OF PLANTS AND PLANT OR ANIMAL PRODUCTS		2. TO: U.S. Customs Service	
3. THE MATERIAL DESCRIBED BELOW IS SUBJECT TO IMMEDIATE EXPORT. ABANDONMENT TO YOU FOR DESTRUCTION UNDER THE SUPERVISION OF A REPRESENTATIVE OF THIS AGENCY, OR OTHER DISPOSITION AS NOTED UNDER REMARKS, FOR THE FOLLOWING REASONS: Ruminant casings shipped in skins as containers are prohibited entry into the United States regulation cited 9CFR 96.2			
4. MATERIAL 300 lbs. of bovine casings			
5. MARKS AND NUMBERS AWB # 987-1234 5678			
NAME		ADDRESS	
6. SHIPPER	Bovine Casing Company	Bovine Alley 10 London, England	
7. CONSIGNEE	Guts Unlimited	123 Cowlane Ct. Ames, Iowa 02468	
8A. NAME OF CARRIER		8B. S/L	9. DATE ARRIVED
BA 293 Concord SST		N/A	04 July 2002
10. REMARKS Consignee declined to disinfect/denature; shipment refused entry			
11. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICER		12. PPQ OFFICE	13. DATE
Inspector Ace		Miami, Florida	05 July 2002
RECORD OF DISPOSITION			
14. METHOD OF DISPOSITION	15. SIGNATURE OF CUSTOMS INSPECTOR		16. DATE
17. DISTRIBUTION OF COPIES			

PPQ FORM 254
 (APR 88)

Replaces PPQ Form 254 (9/74) which may be used.

U.S. GPO: 1988-0-619-284/51979

FIGURE K-1-2 Example of PPQ Form 254, Disposition of Plants and Plant or Animal Products

Purpose

PPQ Form 254, Disposition of Plants and Plant or Animal Products, is written documentation of the disposition ordered against animal products. Customs requires this documentation so they can clear manifests, refund duty, or make entry liquidations. PPQ uses the form as evidence for processing violations.

Instructions

Complete PPQ Form 254 when importations of animal products are **not** eligible for entry, or when the importer (given proper opportunity) refuses to take the required, restrictive action or meet the entry requirements.

TABLE K-1-2 Instructions for Completing PPQ Form 254, Disposition of Plant and Animal Products

Block	Instructions
1	Enter the Customs entry number
2	<ul style="list-style-type: none"> ◆ Enter "U.S. Customs Service" ◆ Enter the address of the Customs office for the port
3	<ul style="list-style-type: none"> ◆ List the regulation(s) that prohibits the animal products or by-products and/or the entry requirement that cannot be met <div> <p>EXAMPLE</p> <p>9CFR 94 prohibits fresh beef from a country of origin known to be affected with FMD. 9CFR 96 requires certification for animal casings, or the importer refuses to have a truckload of steer skulls go forward to an approved establishment</p> </div>
4	List the animal products or by-products
5	Fill in
6	Fill in
7	Fill in
8	Fill in
9	Fill in
10	<ul style="list-style-type: none"> ◆ Indicate disposition options or requirements ◆ Include any safeguards required pending final disposition of the animal products or by-products
11	Fill in
12	Fill in
13	Fill in
14	Leave blank (Customs will fill in when disposition has been completed)
15	Leave blank (Customs will fill in when disposition has been completed)
16	Leave blank (Customs will fill in when disposition has been completed)
17	List where each copy of the form was sent (see Distribution on page K-1-8)

Distribution

- 1.** Send the original to the importer.
- 2.** Send two copies to the Customs office.
- 3.** Keep a copy for the port files.

PPQ Form 287, Mail Interception Notice

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		1. PORT OF ENTRY <div style="font-size: 1.2em; font-family: monospace;">JFKIA</div>	
MAIL INTERCEPTION NOTICE		2. DATE <div style="font-size: 1.2em; font-family: monospace;">07/26/02</div>	3. REFERENCE

The material described below was found to be moving in the mail in violation of the agriculture quarantine regulations pertaining to the entry and movement of plants, plant products, animal products, soil, and plant pests. These violations may result in criminal or civil penalties. Disposition was taken under authority of laws administered by the U.S. Postal Service, U.S. Customs Service, and U.S. Department of Agriculture. All inquiries concerning condition, delays, shortages, or breakage should be addressed to the postmaster at the above port (Item 1). Information concerning the quarantine referred to in Item 12 may be secured on application to U.S. Department of Agriculture, APHIS, P.Q., 4700 River Road, Unit 60, Riverdale, Maryland 20737.

4. TO (Addressee) <div style="font-size: 1.1em; font-family: monospace;">A. KATHRYN NICOMETTE 104 EAST MASON STREET NEWBURYPORT, MA</div>	5. FROM (Addressor) <div style="font-size: 1.1em; font-family: monospace;">PASCAL NICOMETTE LOMIDEAU AKA AKA BP84 MATA UTU, WALLIS</div>
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6. INTERCEPTED MATERIAL

ROAST PORK, MANGOES, PAPAYA

7. POSTMARK <div style="font-size: 1.1em; font-family: monospace;">WALLIS & FUTUNA ISLANDS</div>	8. DATE <div style="font-size: 1.1em; font-family: monospace;">07/11/02</div>	9. MAIL REGISTRY NO. <div style="font-size: 1.1em; font-family: monospace;">NONE</div>
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10. BREAKAGE <div style="font-size: 1.1em; font-family: monospace;">NONE</div>	11. RECONDITIONING REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. QUARANTINE OR REGULATION IN VIOLATION <div style="font-size: 1.1em; font-family: monospace;">9CFR 94; 1CFR 319.56</div>
--	---	---

13. DISPOSITION

☒ Prohibited material removed and destroyed.

☐ Container and contents destroyed.

☐ Package returned to origin.

14. REASON FOR DISPOSITION

1. ☐ Addressee, after due notice, failed to apply for permit required by law.

2. ☒ Contains meat not admitted by U.S. Department of Agriculture. Meat may carry animal diseases that do not occur in the United States.

For follow-up cases fill out the below:

a. Type of animal product per label <input type="checkbox"/> Swine <input type="checkbox"/> Ruminant <input type="checkbox"/> Poultry	c. Country of origin per label <div style="font-size: 1.1em; font-family: monospace;">UNLABELED</div>	e. Other animal products: <div style="font-size: 1.1em; font-family: monospace;">NONE</div>
b. Certificates/Permits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Meat product is: <input type="checkbox"/> Dried/Cured <input type="checkbox"/> Foil packaged <input type="checkbox"/> Vacuum packed <input type="checkbox"/> Fresh, Chilled, or Frozen <input checked="" type="checkbox"/> Can/Jar	f. Reason considered not to be shelf stable (Specify below in Remarks)

3. ☐ Material infested or infected and treatment not feasible. Insect pests and plant diseases in fruits, vegetables, or other plant material could become established and threaten U.S. agriculture.

4. ☒ Material not authorized entry.

5. ☐ Material in or contaminated with soil. Soil can carry many plant pests and diseases.

6. ☐ Other (Specify below in Remarks)

15. REMARKS (Include any pertinent information, i.e. condition of material, condition of cans which indicates not shelf stable, etc.)

PORK APPEARED TO BE HOME-PREPARED -
ROASTED AND PUT IN A JAR

16. OFFICER (Signature) *Hong Theau*

PPQ FORM 287 (FEB 2002) Previous editions are obsolete.

FIGURE K-1-3 Example of PPQ Form 287, Mail Interception Notice

Purpose

PPQ Form 287, Mail Interception Notice, is completed for the following reasons:

- ◆ Notify individual receiving mail package that unauthorized animal products or by-products were removed
- ◆ Inform sender of the reason for removing the animal products or by-products
- ◆ Record the regulatory action PPQ takes when intercepting mail
- ◆ Provide information for preparing monthly and quarterly reports

Instructions

Complete PPQ Form 287 when you must return a package to the sender, when you must destroy an entire or partial package, or when you must remove decayed or spoiled animal products or by-products from a package.

TABLE K-1-3 Instructions for Completing PPQ Form 287, Mail Interception Notice


Block	Instructions
1	Enter your port of entry
2	Enter the date
3	Leave blank
4	Enter the complete address of the individual who is receiving the package
5	Enter the complete address of the individual who sent the package
6	Describe in detail the animal product or by-product that you have removed, destroyed, or returned
7	Enter the location where the package was postmarked
8	Enter the date of postmark
9	Enter any mail registry number recorded on the package
10	Indicate whether or not there were any breaks, leaks, or spills
11	Indicate whether or not the packaging required reconditioning by the agent of the carrier, broker, or addressee
12	<ul style="list-style-type: none"> ◆ Enter the regulation that governs the unauthorized animal product or by-product ◆ If you do not know the regulation, refer to Table K-1-4
13	<ul style="list-style-type: none"> ◆ CHECK the block that states what regulatory action you took—removed, destroyed, or returned ◆ DO NOT seek advice from the individual receiving the package as to whether the animal product or by-product should be destroyed or returned to origin
14	<ul style="list-style-type: none"> ◆ CHECK the block that states the reason why you took regulatory action ◆ If the reason is not specifically listed, check the “Other” block and record the reason
15	<ul style="list-style-type: none"> ◆ Detail what you did and why you did it so that the individuals who sent and are receiving the package understand what was done and why ◆ If the package is being returned to the sender, record in this block “The package was returned by surface mail.” The postal service will not return packages by air
16	Sign your name
Reverse side of PPQ Form 287	<ul style="list-style-type: none"> ◆ When some items are removed from a package, it is good policy to list the remaining contents and condition on the reverse of the port copy of PPQ Form 287 ◆ It is also advisable to note who handled the repacking and wrapping of the package before it was returned to the mail; this will be useful to answer any complaints of missing items or breakage

TABLE K-1-4 Determine the Regulation that Governs the Animal Product or By-Product

If the animal product or by-product is:	Then the regulation is:
Semen or embryos	9CFR Part 98
Edible products such as: ◆ Meat and meat products ◆ Milk and milk products ◆ Eggs	9CFR Part 94
Inedible by-products such as: ◆ Bones ◆ Hides ◆ Skins ◆ Hay, straw	9CFR Part 95
Casings	9CFR Part 96
Biological products such as viruses, serum, toxins that are intended for use in treating animals	9CFR Part 104
Organisms and vectors	9CFR Part 122

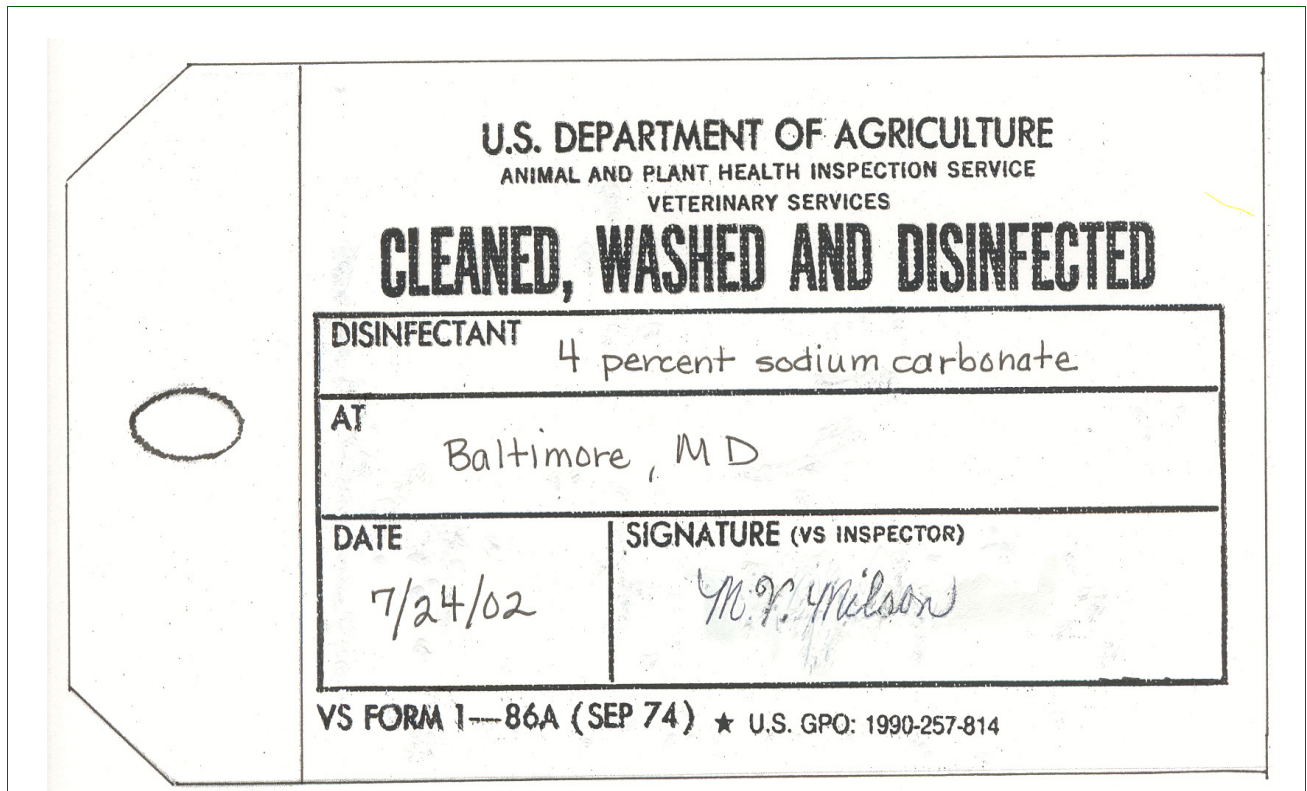
Distribution

1. Use the following table to distribute the original.

If the package is:	And the animal product or by-product:	Then the original copy is:
Released to the addressee		Enclosed in the package
Destroyed or returned to sender	Was prohibited or restricted	Mailed to the addressee
	Unrestricted	Sent to the postal official

2. Distribute copies of PPQ Form 287 as follows:
 - ❖ If the package is returned to the sender, enclose a copy in the package
 - ❖ If necessary, give a copy to the postal supervisor
 - ❖ Maintain a copy for an official record

VS Form 1-86A, Cleaned, Washed, and Disinfected Tag



The image shows a sample of VS Form 1-86A, a tag used for disinfection. The tag is rectangular with a tab on the left side. The text on the tag is as follows:

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CLEANED, WASHED AND DISINFECTED

DISINFECTANT	
4 percent sodium carbonate	
AT	
Baltimore, MD	
DATE	SIGNATURE (VS INSPECTOR)
7/24/02	M. P. Wilson

VS FORM 1—86A (SEP 74) ★ U.S. GPO: 1990-257-814

FIGURE K-1-4 Example of VS Form 1-86A, Cleaned, Washed, and Disinfected Tag

Purpose

VS Form 1-86A, Cleaned, Washed, and Disinfected Tag, is a tag that is placed on empty semen containers after they are disinfected. The form testifies to the disinfection.

Instructions

Enter the following information on each tag and attach one tag to each container:

- ◆ Disinfectant used—4 percent sodium carbonate
- ◆ Port where the empty semen containers were disinfected
- ◆ Date of the disinfection
- ◆ Your signature

VS Form 10-4, Specimen Submission

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 844, 1800 DAYTON AVENUE AMES, IOWA 50010 (515) 663-7212				FORM APPROVED: OMB NUMBER 0579-0090			
SPECIMEN SUBMISSION				INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20).		PAGE 1 OF 1	
1. NAME OF SUBMITTER Geth Holmes				2. NAME OF OWNER			
MAILING ADDRESS (Street, City, State, and Zip Code) Int'l Arrivals Wing - BWI BWI Airport Work Station Baltimore, MD 21240				CITY		STATE	
				3. LOCATION OF ANIMALS COUNTY		STATE	
Phone No. 410/865-2120 FAX No. 410/865-2122							
4. PAYMENT METHOD ("X" applicable item and provide information) <input type="checkbox"/> USER FEE ACCOUNT NO.: <input type="checkbox"/> MC/VISA NO.: <input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)				EXP. DATE:			
5. HERD/FLOCK SIZE		6. NO. IN HERD/FLOCK AFFECTED		7. NO. IN HERD/FLOCK DEAD		8. EXAMINATIONS REQUESTED Examination requested is for the concentration of sodium carbonate and sodium silicate	
12. PURPOSE OF SUBMISSION ("X" one) (See instructions for definitions) <input type="checkbox"/> General Diagnostic <input type="checkbox"/> FAD/EP Diagnostic <input checked="" type="checkbox"/> NVSL Intralab Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Developmental Research <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> TB <input type="checkbox"/> Interstate Movement				9. COLLECTED BY Geth Holmes			
				10. DATE COLLECTED 4-18-02			
				11. AUTHORIZED BY S. Williams			
				13. COUNTRY OF ORIGIN/DESTINATION USA			
				14. REFERRAL NUMBER			
15. PRESERVATION ("X" applicable item(s)) <input checked="" type="checkbox"/> None <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify)				17. TOTAL NUMBER OF SPECIMENS SUBMITTED 402. SAMPLE			
16. SPECIMENS SUBMITTED ("X" applicable item(s)) <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Extract <input type="checkbox"/> Feces <input type="checkbox"/> Feed <input type="checkbox"/> Milk <input type="checkbox"/> Parasite <input type="checkbox"/> Plant <input type="checkbox"/> Semen <input type="checkbox"/> Serum <input type="checkbox"/> Soil <input type="checkbox"/> Swab <input type="checkbox"/> Tissue <input type="checkbox"/> Urine <input type="checkbox"/> Water <input checked="" type="checkbox"/> Whole Bird <input checked="" type="checkbox"/> Other (specify) Disinfectant solution				19. NUMBER OF ANIMALS SAMPLED			
18. SPECIES OR SOURCE ("X" one) <input type="checkbox"/> Cattle <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Goat <input type="checkbox"/> Horse <input type="checkbox"/> Donkey <input type="checkbox"/> Environment <input type="checkbox"/> Reagent <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Bison <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Deer <input type="checkbox"/> Elk <input type="checkbox"/> Fish <input type="checkbox"/> Other (specify)							
20. IDENTIFICATION (See instructions)				IDENTIFICATION (See instructions)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex
21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.)				22. SIGNATURE OF SUBMITTER AND DATE Geth Holmes 4-18-02			
23. NVSL USE ONLY				NVSL ACCESSION NO			
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY				

VS FORM 10-4 (JULY 97)

FIGURE K-1-5 Example of VS Form 10-4, Specimen Submission

Purpose

VS Form 10-4, Specimen Submission, accompanies samples sent to NVSL in Ames, Iowa for laboratory testing needed to determine entry status. In addition, VS Form 10-4A, a continuation sheet, is to be used when sending 10 or more samples.

Instructions

TABLE K-1-5 Instructions for Completing PPQ Form 10-4, Specimen Submission

Block	Instructions
1	Enter your name, duty station, and office telephone number
2	Enter the name and address of the consignee, broker, or agent
3, 4, 5, 6	Leave blank
7	<ul style="list-style-type: none"> ◆ Enter the test procedure you are requesting; for PPQ purposes this would be one of the following: animal species, disinfectant percentage, internal temperature (protein coagulation), pH level ◆ When submitting samples of sodium carbonate with sodium silicate: <ul style="list-style-type: none"> ◆ Specify that the examination requested is for concentrate of sodium ◆ Submit samples in plastic containers; never use glass ◆ Do not refer to any specific disease (such as FMD) when submitting samples to determine pH level or internal temperature
8	Enter the name of the CBP-AI who collected the sample from the importer
9	Enter the date collected
10	Enter "PPQ, VRS"
11	Mark the "Import" box
12	Enter the country of origin
13	Leave blank
14	Mark the appropriate preservation used (preserved condition of product as imported)
15	<ul style="list-style-type: none"> ◆ Mark the appropriate specimen being submitted ◆ If the specimen is unknown, mark the "Other" box and enter <i>Unknown</i>
16	Enter the total number of specimens submitted
17	<ul style="list-style-type: none"> ◆ Mark the appropriate species or source submitted ◆ If the species or source is unknown, mark the "Other" box and enter <i>Unknown</i>
18	Leave blank
19	<ul style="list-style-type: none"> ◆ Enter the sample identification as consecutive numbers beginning with 1 ◆ Enter the animal identification with a sequence of numbers legible by laboratory personnel; for example, all or the last part of the air waybill would be a good identification number ◆ Mark all containers (not the lids) with the identification numbers ◆ Leave blank the columns for "Age" and "Sex"
20	<ul style="list-style-type: none"> ◆ Enter any information about the history of submission, sex of importation, number of containers, number sampled, and additional information ◆ For disinfectant samples, Indicate the article(s) being submitted ◆ For all other submissions, add the statement "Please phone or FAX the results to the PPQ office that submitted the request"
21	◆ Sign and date the form

Distribution

1. Send the sample and Parts 1-3 of VS Form 10-4 to the following address using overnight mail:

USDA, APHIS National Veterinary Services Laboratories
Chemistry Section
P.O. Box 844
Ames, IA 50010

2. Send part 4 of the VS Form 10-4 to the following address:

USDA, APHIS, PPQ, VRS
4700 River Road, Unit 129
Riverdale, MD 20737-1236

Consult with PPQ, VRS regarding submissions of **other than** disinfectant percentages.

3. File part 5 of VS Form 10-4.

Results of Test

The test results will be telephoned or faxed to PPQ, VRS, who will inform the originating office.



EXCEPTION: Test results of disinfectant samples will be mailed directly to the port.

If test results **other than** for disinfectant are **not** received within 4 working days of submission, contact PPQ, VRS by telephone at 301/734-7633.

VS Form 16-4, Export Certificate for Animal Products


<p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>HEALTH CERTIFICATE EXPORT CERTIFICATE ANIMAL PRODUCTS</p>	<p>FOR OFFICIAL USE ONLY</p> <p>PORT Milwaukee</p> <p>DATE 11/21/03 AND NO. C5555</p>	
<p>This certificate is for Veterinary purposes only. It is valid for 30 days after the date of signature. In the case of transport by ship or rail, the time is prolonged by the time of the voyage.</p>		
<p>This is to certify that rinderpest, foot-and-mouth disease, hog cholera, swine vesicular disease, African Swine fever, bovine fever, bovine spongiform encephalopathy, and contagious bovine pleuropneumonia do not exist in the United States of America.</p>		
<p>ADDITIONAL DECLARATION</p> <div style="height: 200px; border-left: 1px solid black; border-right: 1px solid black; position: relative; margin: 10px 0;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div>		
		
<p><i>Martina Marlin</i></p> <p>(SIGNATURE OF ENDORSING OFFICIAL)</p>	<p>Martina Marlin</p> <p>(TYPED NAME)</p>	<p>APHIS Officer</p> <p>(TITLE OF ENDORSING OFFICIAL)</p>
<p>DESCRIPTION OF THE CONSIGNMENT</p>		
<p>NAME AND ADDRESS OF EXPORTER</p> <p>House of Wisconsin Cheese 107 State Street Madison, WI 53703</p>	<p>NAME AND ADDRESS OF CONSIGNEE</p> <p>Barbosa Cheese Shop 1381 Campinas Sal Paulo Brazil</p>	
<p>PRODUCT (quantity, unit of measure, and kind)</p> <p>1 case Knight's Vaile Cheese cheese product of bovine origin</p>		
<p>IDENTIFICATION</p> <p>HOW Cheese ID Case #ANC 37943</p>		<p>CONVEYANCE</p> <p>United Airlines Flight 3573</p>
<p>No liability shall attach to the United States Department of Agriculture or to any officer or representative of the Department with respect to this certificate</p>		
<p>VS FORM 16-4 (MAY 2003) (All previous versions are obsolete after Jan. 2004.)</p>		

FIGURE K-1-6 Example of VS Form 16-4, Export Certificate for Animal Products

Purpose

VS Form 16-4, Export Certificate for Animal Products, is used to certify exportations of inedible and edible animal by-products. **Never** issue VS Form 16-4 for commercial shipments of meat or meat products. **Never** issue VS Form 16-4 for exportations of non-animal products. **Never** issue VS Form 16-4 for the exportation of animal products to the European Union (this includes commercial shipments of pet food or products to be used in pet food). Refer certification of pet food to AVIC.

Instructions

This document **must be** completed in English, using a typewriter, word processor, or computer. **Never** accept a handwritten form. The instructions for completing the form are summarized in [Table K-1-6](#). Follow the steps below to review the VS Form 16-4 and assure that the form is properly completed by the PPQ Officer (APHIS Officer) and the exporter.

Review the form for completeness as follows:

1. Form was completed using a computer, word processor, or typewriter. **Never** accept a handwritten form.
2. Make certain that the document was completed in English. Bilingual information is acceptable as long as one of the languages is English.
3. Check to see that the typed or stamped name and title of the APHIS officer endorsing the form is provided.
4. Make certain that the exporter has completed a description of the consignment as follows:
 - ❖ Name and address of the exporter (must be a U.S. address)
 - ❖ Name and address of the consignee
 - ❖ Quantity and type of product; the species of animal must be clearly identified. If the product is categorized, a brief explanation must follow such as "dairy product of bovine origin"
 - ❖ Identification (waybills, marking, etc.)
 - ❖ Conveyance

- 5.** Check the accept and confirm statements. The exporter most likely will have entered the required and requested additional declarations. See [Table K-1-7](#) and [Table K-1-8](#).

EXAMPLE

For example, the standard anthrax statement to be entered on VS 16-4 under additional declarations is as follows:

This office has on file an affidavit from *[business or company]* stating that the animal product originated in the following States: *[list States]*. There have been no outbreaks of anthrax in the States listed above in the past 12 months.

- 6.** Draw a diagonal line from the upper, left corner just under the statement to the lower, right corner.
- 7.** Sign and enter your title as “APHIS Officer” on the designated lines. **Never sign as a PPQ officer.**
- 8.** The exporter will ask for VS Form 16-4. The exporter is responsible for completing the description of the consignment which includes:
- ❖ Name and address of exporter
 - ❖ Name and address of consignee
 - ❖ Product (kind, quantity, weight)
 - ❖ Identification
 - ❖ Conveyance

TABLE K-1-6 Instructions for Completing VS Form 16-4, Export Certificate for Animal Products

Block	Instructions
For Official Use Only (upper right-hand corner) (completed by PPQ)	This form must be typewritten or computer generated and completed in English. Bilingual information is acceptable as long as one of the languages is English. Do not accept a handwritten form
Port	Enter the port or office of issue
Date	Enter the date of issuance
And No.	Enter the certificate number
Additional Declaration	Completed by the exporter
Signature of Endorsing Official	<ul style="list-style-type: none"> ◆ Complete this section after you have reviewed the form as completed by exporter ◆ Endorsing APHIS/PPQ Officer signs
Typed Name	<ul style="list-style-type: none"> ◆ Complete after you have reviewed form as completed by exporter ◆ Type endorsing officer's name
Title of Endorsing Official	<ul style="list-style-type: none"> ◆ Complete after you have reviewed form as completed by exporter ◆ Type/enter your title as "APHIS Officer" never sign as PPQ Officer
Description of Consignment	<ul style="list-style-type: none"> ◆ Completed by the exporter. ◆ Exporter must have a complete description of the following: Quantity and type of product; the species of animal must be clearly identified. If the product is categorized, a brief explanation must follow such as "dairy product of bovine origin"
Name and Address of Exporter	<ul style="list-style-type: none"> ◆ Completed by the exporter ◆ Exporter must have completed the name and address of the exporter (must be a U.S. address)
Name and Address of Consignee	<ul style="list-style-type: none"> ◆ Completed by the exporter ◆ Exporter must have completed the name and address of the consignee.
Product (quantity, unit of measure, and weight)	Completed by the exporter
Identification	Completed by the exporter (waybills, marking, etc.)
Conveyance	Completed by the exporter

TABLE K-1-7 Determine Which Statements to Accept and Confirm





If the exporter:	And:	Then:
Requires a statement for tallow to Pakistan	You get a laboratory report from the exporter	ACCEPT only the following wording: “[<i>Name of laboratory</i>] laboratory has submitted a laboratory report to USDA and on the basis of this laboratory report only, I hereby certify that the tallow does not contain any lard”
Requires an anthrax statement (common request for cattle hides)		CONTACT the Area Veterinarian in Charge in the State where the product originated to confirm the anthrax statement
Wants to add another disease statement or wants to make an additional statement		Go to Table K-1-8

TABLE K-1-8 Determine Which Additional Statement to Accept

If the statement is:	And the affidavit is:	And the product is:	Then:
Known to be true or if you don't know whether it is true, appears plausible	On file for the same product		ACCEPT the additional statement such as, “This office has on file an affidavit from [<i>enter name</i>] stating that...”
	Not on file or on file, but for a different product	Hides or skins	ACCEPT the additional statement, “Based on information available to APHIS, I hereby declare that the animal by-product described below is not likely to disseminate agents of infectious diseases of domestic animals.”
		Other than hides or skins	CONTACT PPQ-VRS-AQI or PPQ-VRS-HQ personnel for further action (see Appendix H)
Known to be false or you have doubts about the plausibility of the statement			

Distribution

Distribute copies of VS Form 16-4 as follows:

1. Give the exporter the original and up to three copies.
2. Send a copy to PPQ, VRS in Riverdale, Maryland.
3. Keep a copy for the files in the issuing office (plus any laboratory report).

VS Form 16-78, Report of Entry, Shipment of Restricted Imported Animal Products and Animal By-Products, and Other Material

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES REPORT OF ENTRY, SHIPMENT OF RESTRICTED IMPORTED ANIMAL PRODUCTS AND ANIMAL BY-PRODUCTS, AND OTHER MATERIAL		1. CASE NO. 2. PORT OF ENTRY New Orleans, LA	
A. REPORT OF ENTRY, AND FORWARDING OF SHIPMENT FROM FIRST PORT OF ARRIVAL			
3. NAME AND ADDRESS OF IMPORTER OR SHIPPER <i>(Include Zip Code)</i> International Casein 2024 Swan Street Slidell, LA 70460		4. COUNTRY OF ORIGIN France 5. CUSTOMS ENTRY NO. 140-93-19606	
6. PRODUCT OR MATERIAL Casein		7. DATE OF ARRIVAL 10/30/02	
8. VETERINARIAN IN CHARGE IN STATE WHERE APPROVED ESTABLISHMENT IS LOCATED <i>(Include Zip Code)</i> Area Veterinarian in Charge USDA, APHIS, VS 5825 Florida Blvd., Room 1140 Baton Rouge, LA 70806-9985		9. NAME OF VESSEL Am. Sealand Express 10. NAME OF CARRIER <i>(Include R.R. Car No. or Truck License No.)</i> LA Trucking, Inc. LA 45389 11. SEAL NOS. OR QUARANTINE TAPE USDA 8369, 48370	
12. TOTAL QUANTITY RECEIVED AT PORT OF ARRIVAL <i>(Lbs. only)</i> 450,000 lbs.		13. NO. UNITS RECEIVED AT PORT OF ARRIVAL <i>(Specify Carton, Boxes, Bundles, etc.)</i> 300 casks	
14. NAME AND ADDRESS OF APPROVED ESTABLISHMENT <i>(Include Zip Code and phone no.)</i> International Casein 2024 Swan Street Slidell, LA 70460 985/643-0315		FROM PORT OF ENTRY TO APPROVED ESTABLISHMENT 15. NO. LBS. 16. NO. UNITS 450,000 lbs. 300 casks	
17. REMARKS Invoice #IC383154			
18. PRINTED NAME AND SIGNATURE OF INSPECTOR Ronald Rockefeller <i>Ronald Rockefeller</i>		19. PPQ STATION France Road Work Station New Orleans	
20. DATE 10/30/02			
B. REPORT OF RECEIPT AND TREATMENT BY ESTABLISHMENT <i>(To be completed by Approved Establishment)</i>			
21. DATE RECEIVED 24. DATE TREATMENT COMPLETED		22. NAME OF APPROVED ESTABLISHMENT 25. WERE R.R. CARS, TRUCKS, ETC. CLEANED AND DISINFECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. METHOD OF TREATMENT		23. WAS SHIPMENT INTACT <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No" explain in Item 30)</i> 26. DISINFECTANT USED 28. DISPOSITION OF REFUSE	
29. REMARKS			
30. PRINTED NAME OF APPROVED ESTABLISHMENT OWNER		31. SIGNATURE OF APPROVED ESTABLISHMENT OWNER	
32. DATE			

FIGURE K-1-7 Example of VS Form 16-78, Report of Entry, Shipment of Restricted Imported Animal Products and Animal By-Products, and Other Material

Purpose

VS Form 16-78, Report of Entry, Shipment of Restricted Imported Animal Products and Animal By-Products, and Other Material, is used to accompany all restricted animal products moving to approved establishments or approved storage facilities from the port of entry.

Instructions

The instructions listed below are for VS Form 16-78 (FEB 2002). Previous editions are obsolete.

TABLE K-1-9 Instructions for Completing VS Form 16-78, Report of Entry, Shipment of Restricted Imported Animal Products and Animal By-Products, and Other Material

Block	Instructions
1	Optional (used for identification by the port of entry)
2	List the port of arrival (city, State)
3	List the name and address of the importer or consignee
4	List the name of the country of origin
5	List the Customs Entry Number if applicable, or air waybill number
6	List the product or material
7	Enter the date of arrival
8	List the name of the AVIC in the State the approved establishment is located (See List of Veterinarians on page H-1-1 and Appendix E)
9	List the name of the incoming carrier
10	List the name of carrier moving the importation to the address in <i>Block 14</i>
11	Identify the seal numbers and whose they are, e.g., USDA, Customs
12	List in pounds only , the total quantity received at port of arrival
13	List the number of units and type of units (box, bundle, carton, cask, etc.) received at the port of arrival
14	If the importation is moving to an approved establishment, then list the name, address, zip code, and phone number of the approved establishment (see Appendix E)
15	List in pounds the total weight of the shipment moved from the port of entry to the approved establishment
16	List the total number of units and type of units moved from the port of entry to the approved establishment
17	List items such as air waybill number and detailed description of animal products
18	Print the name of the inspector and sign
19	List the name and location of the work station
20	Enter the date
21-32	Leave blank (these blocks will be completed by the approved establishment)

Distribution

Distribute VS Form 16-78 as follows:

1. Mail Part 1 to the address in *Block 14*.
2. Send Part 2 with the importation by attaching it to the shipping documents or to the cargo, or give to the importer.
3. FAX Part 3 to the AVIC in the State where the approved establishment is located.
4. Keep Part 4 for the port files.

VS Form 17-8, Agreement of Pet Bird Owner

This report is authorized by law (9 CFR 92). Failure to complete and sign form will result in abandonment of birds.		See reverse side for additional OMB information.		FORM APPROVED OMB NO. 0579-0040	
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE AGREEMENT OF PET BIRD OWNER			1. NAME AND ADDRESS OF OWNER (Include Zip Code) Barry Brown 119 Meadowlark Drive Kansas City, MO 64123		
INSTRUCTIONS: Complete items 1 through 8 and the applicable Agreement A, B, or C. Distribute copies as indicated.			2. PASSPORT NO. (If none, give Social Security No., or Driver's License No.) SS#371-82-2117		3. DATE OFFERED FOR ENTRY March 16, 2002 4. FROM (Country of Origin) Guatemala
			4. NO. OF BIRDS 2	5. KIND OF PET BIRDS Parrots	
7. OWNER'S AGREEMENT - SIGN A - B - C OR D BELOW (Refusal to sign this form, automatically places option D into effect)					
<div style="border: 1px solid black; padding: 5px;"> A I do hereby declare that the pet birds identified above will be maintained in my personal possession, separate and apart from all other birds and poultry at the location indicated in item (1) below for a minimum of 30 days until released by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. If the birds must be moved, I agree to contact the official in item (2) below prior to such movement. I hereby agree the bird(s) will be available for inspection during the aforementioned period of confinement at the address in item (1) below and at such times as deemed necessary by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. I further agree to immediately notify the Federal Official in item (2) below if any signs of disease are noted or if the bird(s) die during the confinement period. I understand if a laboratory specimen is taken and if found to contain the virus of Newcastle disease that the birds will be disposed of by the Animal and Plant Health Inspection Service of the United States Department of Agriculture. </div>					
(1) LOCATION WHERE BIRDS WILL BE HELD 119 Meadowlark Drive Kansas City, MO 64123 STATE Missouri			(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT Area Veterinarian in Charge USDA-APHIS-PPQ 1442 Aaron Court, P.O. Box 104418 Jefferson City, MO 65110 PHONE NUMBER (Include Area Code) 573/636-3116		
<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> LABORATORY SPECIMEN TAKEN SPECIMENS SUBMITTED BY (Name) A. Smith REFERRAL NO. 006-02 </div>					
<div style="border: 1px solid black; padding: 5px;"> B Section B applicable to Canadian pet birds and U.S. birds that have been outside the U.S. for less than 60 days (9 CFR 92.2(c)(1) & (2)(i)). I certify that the birds have been in my possession for at least 90 days; that they are apparently healthy; and that they have not been exposed to any other birds during those 90 days. </div>					
SIGNATURE OF OWNER		DATE SIGNED	OWNER'S TELEPHONE NO.		
		3/16/02	AREA CODE	PHONE NO.	
			555	555-1212	
WITNESSED BY (Signature)		TITLE		DATE	
		PPQ Officer		3/16/02	
<div style="border: 1px solid black; padding: 5px;"> C In lieu of A above, I agree to export my birds to (Country) _____ SIGNATURE OF OWNER _____ DATE SIGNED _____ </div>					
<div style="border: 1px solid black; padding: 5px;"> D In lieu of any of the above options, I hereby abandon my bird(s) to the Animal and Plant Health Inspection Service of the United States Department of Agriculture for disposal. SIGNATURE OF OWNER <i>Barry Brown</i> DATE SIGNED <i>3-16-02</i> </div>					
8. PORT OF ENTRY		9. CARRIER AND FLIGHT NO.		10. POST-ENTRY NO.	
11. DETAINING OFFICIAL (Signature)		12. TITLE		13. AGENCY	14. DATE
I certify that I have, this day, inspected the birds identified above offered for importation, and have found them to be free of evidence of communicable disease or exposure thereto, and release them for the purpose as stated above.					
15. PORT RELEASING OFFICIAL (Signature)		16. TITLE		17. DATE RELEASED	
I have inspected the birds inspected above, and find that all applicable provisions of 9 CFR Part 92 as amended have been met.					
18. FINAL RELEASING OFFICIAL (Signature)		19. TITLE		20. DATE RELEASED	

VS FORM 17-8 (JAN 90) Previous edition may be used. STATE OF DESTINATION

FIGURE K-1-8 Example of VS Form 17-8, Agreement of Pet Bird Owner

Purpose

VS Form 17-8, Agreement of Pet Bird Owner, is used for the following importations:

- ◆ Canadian origin pet birds which have been in the owner's possession for the past 90 days or more
- ◆ U.S. origin pet birds re-entering the country **without** a health certificate, and the owner chooses to abandon the birds for VS disposition
- ◆ Foreign origin pet birds entering the country, and the owner chooses to return the birds to the country of origin or abandon the birds for VS disposition
- ◆ Foreign origin pet birds accompanied by their owners and are in transit directly to Canada

Instructions

TABLE K-1-10 Instructions for Completing VS Form 17-8, Agreement of Pet Bird Owner

Block	Instructions
1	Fill in
2	Fill in
3	Fill in
4	Fill in
5	Fill in
6	Fill in
7	<ul style="list-style-type: none"> ◆ The pet bird owner must complete and sign either Section A, B, C, or D ◆ If the owner refuses to sign the form, do the following: <ul style="list-style-type: none"> ◆ Advise the owner that option D is automatically in effect ◆ Attach a note to sign the form explaining the circumstances ◆ Let VS know if the owner is going to contact VS
7A	<p>Fill in one of the following:</p> <ul style="list-style-type: none"> ◆ If being held, address where the bird will be held for 30 days ◆ If in transit: <ul style="list-style-type: none"> ◆ Write “Bird in transit” in this block ◆ List the name, address, and telephone number of the AVIC in the State where the bird will be held ◆ Have the owner sign and date the form and list a telephone number where he can be reached ◆ You may sign the form as a witness to the owner’s signature
7B	<ul style="list-style-type: none"> ◆ Have the owner sign, date, and enter a telephone number ◆ If the bird is a returning U.S. origin bird, this section must be witnessed by VS ◆ If the bird is a Canadian origin bird in transit to Canada, a PPQ officer may sign the form as a witness to the owner’s signature ◆ If the PPQ officer signs as a witness, write “Bird in transit” just after 90 days
7C	<ul style="list-style-type: none"> ◆ Have the owner fill in the country where the birds are to be exported ◆ Have the owner sign and date the form
7D	Have the owner sign and date the form when the owner abandons birds to APHIS
8	Fill in
9	Fill in
10	If postentry by carrier, enter postentry number
11-14	Fill in
15-20	Leave blank; VS will complete

Distribution

Distribute VS Form 17-8 as follows:

- 1.** Give the original copy to VS.
- 2.** Give the second copy to the pet bird owner.
- 3.** Give the other copies to VS as arranged locally between PPQ and VS.

